

L140000 71744

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

623



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2016

WILFRED MARTINEZ  
1900 NW CORPORATE BLVD SUITE 100W  
BOCA RATON, FL 33431

SUBJECT: WGR HOLDINGS TREASURE COAST, LLC  
Ref. Number: L16000071744

We have received your document for WGR HOLDINGS TREASURE COAST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 316A00009143

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**WGR Holdings Treasure Coast, LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

**The enclosed Articles of Amendment and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

WILFRED MARTINEZ

Name of Person

Firm/Company

1900 NW CORPORATE BLVD, SUITE 100W

**Address**

BOCA RATON, FL 33431

City/State and Zip Code

**E-mail address: (to be used for future annual report notification)**

**For further information concerning this matter, please call:**

WILFRED MARTINEZ	561	447-6602
_____	at (_____) _____	_____
Name of Person	Area Code	Daytime Telephone Number

**Enclosed is a check for the following amount:**

- ☐ \$25.00 Filing Fee     
 ☐ \$30.00 Filing Fee & Certificate of Status     
 ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)     
 ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

WGR HOLDINGS TREASURE COAST, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/22/2016 and assigned  
Florida document number LI6000071744.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WGR HOLDINGS MELBOURNE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 MAY -6 AM 7:54  
DEPT. OF STATE  
WASHINGTON, D.C.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 22, 2016

Signature of a member or authorized representative of a member

WILFRED MARTINEZ

Typed or printed name of signee